

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

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**LOBBYIST REGISTRATION FORM**  
(Type or Print Clearly)

**PART I LOBBYIST**

|   |         |            |                |
|---|---------|------------|----------------|
| NAME (Last)   | (First) | (Middle)   | TELEPHONE      |
| Kubota  | Tracy   | S.         | (808) 546-7335 |
| MAILING ADDRESS (Street)  |         |            | FAX            |
| P.O. Box 2200   |         |            | (808) 546-8500 |
| (City)  | (State) | (Zip Code) |                |
| Honolulu  | HI      | 96841      |                |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE      |
| Hawaiian Telcom, Inc.   |         |            | (808) 546-7335 |
| MAILING ADDRESS (Street)  |         |            | FAX            |
| P.O. Box 2200   |         |            |                |
| (City)  | (State) | (Zip Code) |                |
| Honolulu  | HI      | 96841      |                |

**PART II ORGANIZATION**

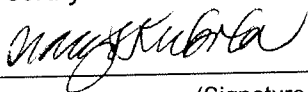
|  |                |                |
|--|----------------|----------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         | TELEPHONE      |                |
| Hawaiian Telcom Communications, Inc.   | (808) 546-7335 |                |
| MAILING ADDRESS (Street)   | FAX            |                |
| P.O. Box 2200  |                |                |
| (City)   | (State)        | (Zip Code)     |
| Honolulu   | HI             | 96841          |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |                | TELEPHONE      |
| JoAnn C. Yosemite  |                | (808) 546-3868 |
| MAILING ADDRESS (Street)   |                | FAX            |
| P.O. Box 2200  |                | (808) 546-8500 |
| (City)   | (State)        | (Zip Code)     |
| Honolulu   | HI             | 96841          |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development          |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation   |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                                    | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input checked="" type="checkbox"/> Other: (indicate below)<br><u>Telecommunication</u> |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input checked="" type="checkbox"/> Public Safety & Corrections             |   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

8-14-06

(Date)

**PART V AUTHORIZATION TO LOBBY**

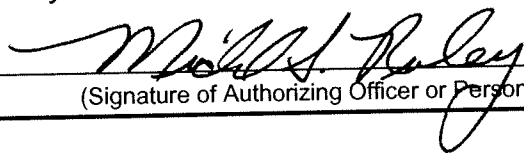
|                  |  |
|------------------|--|
| NAME             | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| Michael S. Ruley | Chief Executive Officer                            |

|                                      |                |
|--------------------------------------|----------------|
| NAME OF ORGANIZATION (if applicable) | TELEPHONE      |
| Hawaiian Telcom Communications, Inc. | (808) 546-7844 |

|                          |     |
|--------------------------|-----|
| MAILING ADDRESS (Street) | FAX |
| P.O. Box 2200            |     |

|          |         |            |
|----------|---------|------------|
| (City)   | (State) | (Zip Code) |
| Honolulu | HI      | 96841      |

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

8/14/06

(Date)